



Revised Report

Police Crash Report

Page 1 of 4

CRASH

Crash Date 10/26/2017 Day of Week Thursday MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY
 City of Town of City or Town Name Landmarks at Scene 172995103
 Location of Crash (route/street) OLD DOMINION DR Railroad Crossing ID no. (if within 150 ft.) Local Case Number 2017-10260040
 At Intersection With or 150. Miles Feet of N WAKEFIELD ST Mile Marker Number Number of Vehicles 2

VEHICLE # 1

VEHICLE # 2

DRIVER

DRIVER

Driver's Name (Last, First, Middle)

Driver's Name (Last, First, Middle)

BERNHARDT, DAVID, LONGLY

PENA, ROBERT, JOSEPH

Address (Street and Number)

Address (Street and Number)

3113 JOHN MARSHAL DR

2118 N HUNTINGTON ST

City

City

ARLINGTON

ARLINGTON

Birth Date

Birth Date

08/17/1969

09/21/1964

Drivers License Number

Drivers License Number

B24665634

A62474053

Safety Equip. Used

Safety Equip. Used

3

3

Air Bag Ejected Date of Death

Air Bag Ejected Date of Death

2 1

2 1

Summons Issued As Result of Crash

Summons Issued As Result of Crash

2

2

VEHICLE

VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Vehicle Owner's Name (Last, First, Middle)

BERNHARDT, DAVID, LONGLY

PENA, ROBERT, JOSEPH

Address (Street and Number)

Address (Street and Number)

3113 JOHN MARSHAL DR

2118 N HUNTINGTON ST

City

City

ARLINGTON

ARLINGTON

Vehicle Year

Vehicle Year

2017

2010

Vehicle Make

Vehicle Make

JEEP

BMW

Vehicle Model

Vehicle Model

WRANGLER

3-SERIES

Vehicle Plate Number

Vehicle Plate Number

VUL8650

RJPNIP

VIN

VIN

1C4GJWBG3HL637547

WBAPH7G55ANM48057

Name of Insurance Company (not agent)

Name of Insurance Company (not agent)

TRAVELERS

GEICO

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

Speed Before Crash 30 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

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Codes

POSITION IN/ON VEHICLE

SAFETY EQUIPMENT USED

AIRBAG

EJECTED FROM VEHICLE

INJURY TYPE

8
 1 2 3
 8 4 5 6 8
 7
 8

1. Driver
 2-6. Passengers
 7. Cargo Area
 8. Riding/Hanging On Outside
 9-98. All Other Passengers

1. Lap Belt Only
 2. Shoulder Belt Only
 3. Lap and Shoulder Belt
 4. Child Restraint
 5. Helmet
 6. Other
 7. Booster Seat
 8. No Restraint Used
 9. Not Applicable

1. Deployed - Front
 2. Not Deployed
 3. Unavailable/Not Applicable
 4. Keyed Off
 5. Unknown
 6. Deployed - Side
 7. Deployed - Other (Knee, Air Belt, etc.)
 8. Deployed - Combination

1. Not Ejected
 2. Partially Ejected
 3. Totally Ejected

1. Dead
 2. Serious Injury
 3. Minor/Possible Injury
 4. No Apparent Injury
 6. No Injury (driver only)

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
 2. No
 3. Pending

Investigating Officer

Badge/Code Number

Agency/Department Name and Code

Reviewing Officer

Report File Date

K AMES

1613

ACPD

David Clenace

10/26/2017



Revised Report

Police Crash Report

CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTYCity of _____
Town of _____Local Case Number
2017-10260040

DRIVER INFORMATION

Veh
1 2

Driver's Action

P1

- ☒ 1. No Improper Action
- ☒ 2. Exceeded Speed Limit
- ☒ 3. Exceeded Safe Speed But Not Speed Limit
- ☒ 4. Overtaking On Hill
- ☒ 5. Overtaking On Curve
- ☒ 6. Overtaking at Intersection
- ☒ 7. Improper Passing of School Bus
- ☒ 8. Cutting In
- ☒ 9. Other Improper Passing
- ☒ 10. Wrong Side of Road - Not Overtaking
- ☒ 11. Did Not Have Right-of-Way
- ☒ 12. Following Too Close
- ☒ 13. Fail to Signal or Improper Signal
- ☒ 14. Improper Turn - Wide Right Turn
- ☒ 15. Improper Turn - Cut Corner on Left Turn
- ☒ 16. Improper Turn From Wrong Lane
- ☒ 17. Other Improper Turn
- ☒ 18. Improper Backing
- ☒ 19. Improper Start From Parked Position
- ☒ 20. Disregarded Officer or Flagger
- ☒ 21. Disregarded Traffic Signal
- ☒ 22. Disregarded Stop or Yield Sign
- ☒ 23. Driver Distraction
- ☒ 24. Fail to Stop at Through High way - No Sign
- ☒ 25. Drive Through Work Zone
- ☒ 26. Fail to Set Out Flares or Flags
- ☒ 27. Fail to Dim Headlights
- ☒ 28. Driving Without Lights
- ☒ 29. Improper Parking Location
- ☒ 30. Avoiding Pedestrian
- ☒ 31. Avoiding Other Vehicle
- ☒ 32. Avoiding Animal
- ☒ 33. Crowded Off Highway
- ☒ 34. Hit and Run
- ☒ 35. Car Ran Away - No Driver
- ☒ 36. Blinded by Headlights
- ☒ 37. Other
- ☒ 38. Avoiding Object in Roadway
- ☒ 39. Eluding Police
- ☒ 40. Fail to Maintain Proper Control
- ☒ 41. Improper Passing
- ☒ 42. Improper or Unsafe Lane Change
- ☒ 43. Over Correction

Condition of Driver Contributing to the Crash

P2

- ☒ 1. No Defects
- ☒ 2. Eyesight Defective
- ☒ 3. Hearing Defective
- ☒ 4. Other Body Defects
- ☒ 5. Illness
- ☒ 6. Fatigued
- ☒ 7. Apparently Asleep
- ☒ 8. Other
- ☒ 9. Unknown

Veh
1 2

Driver Vision Obscured

- ☒ 1. Not Obscured
- ☒ 2. Rain, Snow, etc. on Windshield
- ☒ 3. Windshield Otherwise Obscured
- ☒ 4. Vision Obscured by Load on Vehicle
- ☒ 5. Trees, Crops, etc.
- ☒ 6. Building
- ☒ 7. Embankment
- ☒ 8. Sign or Signboard
- ☒ 9. Hillcrest
- ☒ 10. Parked Vehicle(s)
- ☒ 11. Moving Vehicle(s)
- ☒ 12. Sun or Headlight Glare
- ☒ 13. Other
- ☒ 14. Blind Spot
- ☒ 15. Smoke/Dust
- ☒ 16. Stopped Vehicle(s)

Type of Driver Distractions

P4

- ☒ 1. Looking at Roadside Incident
- ☒ 2. Driver Fatigue
- ☒ 3. Looking at Scenery
- ☒ 4. Passenger(s)
- ☒ 5. Radio/CD, etc.
- ☒ 6. CellPhone
- ☒ 7. Eyes Not on Road
- ☒ 8. Daydreaming
- ☒ 9. Eating/Drinking
- ☒ 10. Adjusting Vehicle Controls
- ☒ 11. Other
- ☒ 12. Navigation Device
- ☒ 13. Texting
- ☒ 14. No Driver Distraction

Drinking

P5

- ☒ 1. Had Not Been Drinking
- ☒ 2. Drinking - Obviously Drunk
- ☒ 3. Drinking - Ability Impaired
- ☒ 4. Drinking - Ability Not Impaired
- ☒ 5. Drinking - Not Known Whether Impaired
- ☒ 6. Unknown

Method of Alcohol Determination (by police)

P6

- ☒ 1. Blood
- ☒ 2. Breath
- ☒ 3. Refused
- ☒ 4. No Test

Drug Use

P7

- ☒ 1. Yes
- ☒ 2. No
- ☒ 3. Unknown

VEHICLE INFORMATION

Veh
1 2

Vehicle Maneuver

V1

- ☒ 1. Going Straight Ahead
- ☒ 2. Making Right Turn
- ☒ 3. Making Left Turn
- ☒ 4. Making U-Turn
- ☒ 5. Slowing or Stopping
- ☒ 6. Merging Into Traffic Lane
- ☒ 7. Starting From Parked Position
- ☒ 8. Stopped in Traffic Lane
- ☒ 9. Ran Off Road - Right
- ☒ 10. Ran Off Road - Left
- ☒ 11. Parked
- ☒ 12. Backing
- ☒ 13. Passing
- ☒ 14. Changing Lanes
- ☒ 15. Other
- ☒ 16. Entering Street From Parking Lot

Skidding Tire/Mark

V2

- ☒ 1. Before Application of Brakes
- ☒ 2. After Application of Brakes
- ☒ 3. Before and After Application of Brakes
- ☒ 4. No Visible Skid Mark/Tire Mark

Vehicle Body Type

V3

- ☒ 1. Passenger car
- ☒ 2. Truck - Pick-up/Passenger Truck
- ☒ 3. Van
- ☒ 4. Truck - Single Unit Truck (2-Axles)
- ☒ 5. Motor Home, Recreational Vehicle
- ☒ 6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment
- ☒ 7. Bicycle
- ☒ 8. Moped
- ☒ 9. Motorcycle
- ☒ 10. Emergency Vehicle (Regardless of Vehicle Type)
- ☒ 11. Bus - School Bus
- ☒ 12. Bus - City Transit Bus/Private Owned Church Bus
- ☒ 13. Bus - Commercial Bus
- ☒ 14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)
- ☒ 15. Special Vehicle - Farm Machinery
- ☒ 16. Special Vehicle - ATV
- ☒ 17. Special Vehicle - Low-Speed Vehicle
- ☒ 18. Truck - Sport Utility Vehicle (SUV)
- ☒ 19. Truck - Single Unit Truck (3 Axles or More)
- ☒ 20. Truck - Tractor (Bobtail-No Trailer)

Veh
1 2

Vehicle Damage

V4

- ☒ 1. Unknown
- ☒ 2. No damage
- ☒ 3. Overtaken
- ☒ 4. Motor
- ☒ 5. Undercarriage
- ☒ 6. Totaled
- ☒ 7. Fire
- ☒ 8. Other

Vehicle Condition

V5

- ☒ 1. No Defects
- ☒ 2. Lights Defective
- ☒ 3. Brakes Defective
- ☒ 4. Steering Defective
- ☒ 5. Puncture/Blowout
- ☒ 6. Worn or Slick Tires
- ☒ 7. Motor Trouble
- ☒ 8. Chains In Use
- ☒ 9. Other
- ☒ 10. Vehicle Altered
- ☒ 11. Mirrors Defective
- ☒ 12. Power Train Defective
- ☒ 13. Suspension Defective
- ☒ 14. Windows/Windshield Defective
- ☒ 15. Wipers Defective
- ☒ 16. Wheels Defective
- ☒ 17. Exhaust System

Special Function Motor Vehicle

V6

- ☒ 1. No Special Function
- ☒ 2. Taxi
- ☒ 3. School Bus (Public or Private)
- ☒ 4. Transit Bus
- ☒ 5. Intercity Bus
- ☒ 6. Charter Bus
- ☒ 7. Other Bus
- ☒ 8. Military
- ☒ 9. Police
- ☒ 10. Ambulance
- ☒ 11. Fire Truck
- ☒ 12. Tow Truck
- ☒ 13. Maintenance
- ☒ 14. Unknown
- ☒ 15. TNC

EMV in service

V7

- ☒ 1. Yes
- ☒ 2. No

Truck Cover

V8

- ☒ 1. Yes
- ☒ 2. No



Revised Report

Police Crash Report

CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY City of Town of Local Case Number 2017-10260040

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1 <input checked="" type="checkbox"/> 1. Dn Roadway 2. Shoulder 3. Median 4. Roadside 5. Gore 6. Separator 7. In Parking Lane or Zone 8. Dff Roadway, Location Unknown 9. Dutside Right-of-Way	Traffic Control Type C5 <input checked="" type="checkbox"/> 1. No Traffic Control 2. Officer or Flagger <input checked="" type="checkbox"/> 3. Traffic Signal 4. Stop Sign 5. Slow or Warning Sign 6. Traffic Lanes Marked 7. No Passing Lines 8. Yield Sign 9. One Way Road or Street 10. Railroad Crossing With Markings and Signs 11. Railroad Crossing With Signals 12. Railroad Crossing With Gate and Signals 13. Other 14. Pedestrian Crosswalk 15. Reduced Speed - School Zone 16. Reduced Speed - Work Zone 17. Highway Safety Corridor	Roadway Description C9 <input checked="" type="checkbox"/> 1. Two-Way, Not Divided 2. Two-Way, Divided, Unprotected Median <input checked="" type="checkbox"/> 3. Two-Way, Divided, Positive Median Barrier 4. Dne-Way, Not Divided 5. Unknown	Intersection Type C12 1. Not at Intersection 2. Two Approaches 3. Three Approaches <input checked="" type="checkbox"/> 4. Four Approaches 5. Five-Point, or more 6. Roundabout
Weather Condition C2 <input checked="" type="checkbox"/> 1. No Adverse Condition (Clear/Cloudy) 3. Fog 4. Mist 5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other 10. Blowing Sand, Soil, Dirt, or Snow 11. Severe Crosswinds	Roadway Alignment C6 <input checked="" type="checkbox"/> 1. Straight - Level 2. Curve - Level 3. Grade - Straight 4. Grade - Curve 5. Hillcrest - Straight 6. Hillcrest - Curve 7. Dip - Straight 8. Dip - Curve 9. Dther 10. On/Dff Ramp	Roadway Defects C10 <input checked="" type="checkbox"/> 1. No Defects 2. Holes, Ruts, Bumps 3. Soft or Low Shoulder 4. Under Repair 5. Loose Material 6. Restricted Width 7. Slick Pavement 8. Roadway Obstructed 9. Other 10. Edge Pavement Drop Off	Work Zone C13 <input checked="" type="checkbox"/> 1. Yes 2. No
		Relation to Roadway Interchange Area: C11 1. Main-Line Roadway 2. Acceleration/Deceleration Lanes 3. Gore Area (Between Ramp and Highway Edgelines) 4. Collector/Distributor Road 5. Dn Entrance/Exit Ramp 6. Intersection at end of Ramp 7. Other location not listed above within an interchange area (median, shoulder and roadside)	Work Zone Workers Present C14 1. With Law Enforcement 2. With No Law Enforcement 3. No Workers Present
Light Conditions C3 <input checked="" type="checkbox"/> 1. Dawn 2. Daylight 3. Dusk <input checked="" type="checkbox"/> 4. Darkness - Road Lighted 5. Darkness - Road Not Lighted 6. Darkness - Unknown Road Lighting 7. Unknown	Roadway Surface Condition C7 <input checked="" type="checkbox"/> 1. Dry 2. Wet 3. Snowy 4. Icy 5. Muddy 6. Oil/Other Fluids 7. Dther 8. Natural Debris 9. Water (Standing, Moving) 10. Slush 11. Sand, Dirt, Gravel	Intersection Area: 8. Non-Intersection 9. Within Intersection <input checked="" type="checkbox"/> 10. Intersection-Related - Within 150' 11. Intersection-Related - Dutside 150'	Work Zone Location C15 1. Advance Warning Area 2. Transition Area 3. Activity Area 4. Termination Area
Traffic Control Device C4 <input checked="" type="checkbox"/> 1. Yes - Working 2. Yes - Working and Obscured 3. Yes - Not Working 4. Yes - Not Working and Obscured 5. Yes - Missing 6. No Traffic Control Device Present	Roadway Surface Type C8 <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> 2. Blacktop, Asphalt, Bituminous 3. Brick or Block 4. Slag, Gravel, Stone 5. Dirt 6. Dther	Other Location: 12. Crossover Related 13. Driveway, Alley-Access - Related 14. Railway Grade Crossing 15. Dther Crossing (Crossings for Bikes, School, etc.)	Work Zone Type C16 1. Lane Closure 2. Lane Shift/Crossover 3. Work on Shoulder or Median 4. Intermittent or Moving Work 5. Other
		Intersection Area: <input checked="" type="checkbox"/> 8. Non-Intersection 9. Within Intersection 10. Intersection-Related - Within 150' 11. Intersection-Related - Dutside 150'	School Zone C17 <input checked="" type="checkbox"/> 1. Yes 2. Yes - With School Activity 3. No
			Type of Collision C18 <input checked="" type="checkbox"/> 1. Rear End 2. Angle 3. Head On <input checked="" type="checkbox"/> 4. Sideswipe - Same Direction 5. Sideswipe - Opposite Direction 6. Fixed Object in Road 7. Train 8. Non-Collision 9. Fixed Object - Off Road 10. Deer 11. Dther Animal 12. Pedestrian 13. Bicyclist 14. Motorcyclist 15. Backed Into 16. Other

Officer Initials **KA** Badge # **1613**

Commonwealth of Virginia • Department of Motor Vehicles

FR300P (Rev 1/12)

Police Crash ReportPage **4** of **4****Revised Report****CRASH**Crash Date **10/26/2017** MILITARY Time (24 hr clock) **06:21** County of Crash **ARLINGTON COUNTY**City of
Town ofLocal Case Number
2017-10260040**CRASH DIAGRAM****VEHICLE # 1**Fill In Impact Area(s).
Initial Impact: **11**

11	✓	✓	✓	1
10	✓		✓	2
9	✓	13		3
8				4
7				5

6
E

Veh Dir of Travel—N/S/E/W

VEHICLE #Fill In Impact Area(s).
Initial Impact:

11		1
10		2
9	13	3
8		4
7		5
6		

Veh Dir of Travel—N/S/E/W

VEHICLE # 2Fill In Impact Area(s).
Initial Impact: **5**

11		1
10		2
9	13	✓ 3
8		✓ 4
7		✓ 5

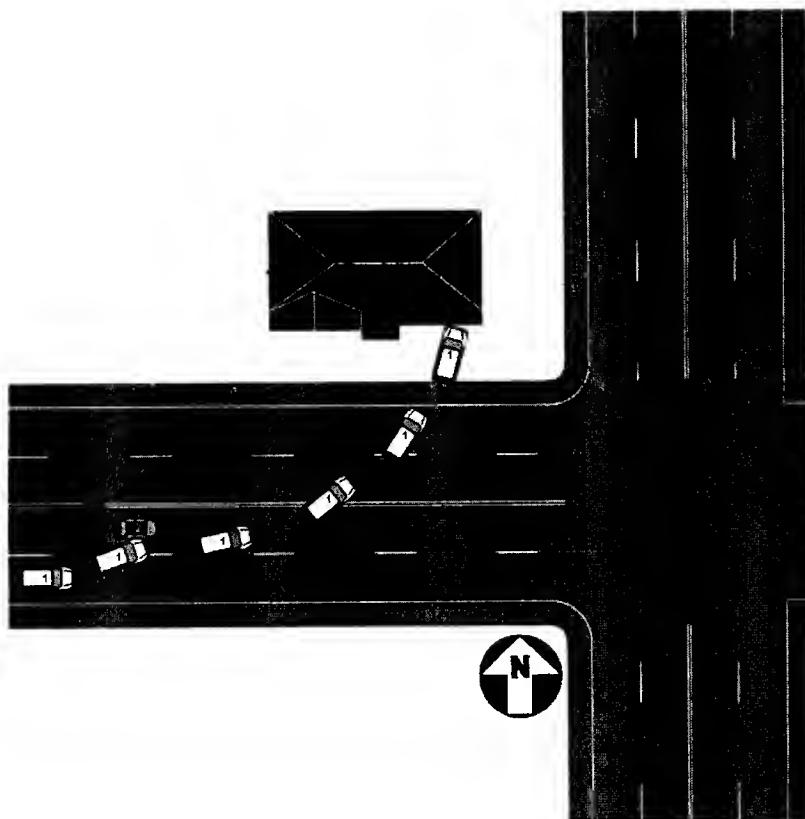
6
E

Veh Dir of Travel—N/S/E/W

VEHICLE #Fill In Impact Area(s).
Initial Impact:

11		1
10		2
9	13	3
8		4
7		5
6		

Veh Dir of Travel—N/S/E/W

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**Approx. Repair Cost **1000** Object Struck (Tree, Fence, etc.) **BUILDING** Property Owners Name (Last, First, Middle) **LANDLORD: ED 703-980-2000**Address (Street and Number) **4603 OLD DOMINION RD #B**VOOT Property ☒**CRASH DESCRIPTION**

THE DRIVER OF VEHICLE 1 HAD JUST LEFT MCDONALDS ON HIS WAY TO WORK AND BEGAN EATING HIS BREAKFAST BURRITO. AFTER TAKING A BITE, THE DRIVER BEGAN TO COUGH, CHOKING ON HIS FOOD. HE STATED THAT AFTER TRYING TO COUGH A FEW TIMES, THE NEXT THING HE REALIZED HIS VEHICLE WAS AGAINST A BUILDING. WITNESSES STATED THAT VEHICLE 1 HAD BEEN TRAVELING EAST ON OLD DOMINION DR IN THE RIGHT LANE APPROACHING N WAKEFIELD ST. JUST PRIOR TO THE INTERSECTION, VEHICLE 1 BEGAN TO VEER INTO THE LEFT LANE, STRIKING VEHICLE 2 (WHO HAD ALSO BEEN TRAVELING EAST ON OLD DOMINION PRIOR TO N WAKEFIELD ST. VEHICLE 1 CONTINUED TO VEER TO THE LEFT, GOING OVER THE MEDIAN AND ENTERING THE ONCOMING LANE OF TRAFFIC. VEHICLE 1 THEN CAME TO A REST AFTER STRIKING 4603 OLD DOMINION DR APARTMENT B. MEDICS WERE ON SCENE AND CHECKED INJURIES, BUT NEITHER PARTY WAS TRANSFERRED FROM THE SCENE TO THE HOSPITAL. BOTH VEHICLES WERE TOWED DUE TO DAMAGE. RESIDENT OF THE APARTMENT WAS NOT HOME, BUT THE LANDLORD WAS NOTIFIED OF THE SITUATION, AND INFORMATION REGARDING THE CRASH WAS LEFT FOR HIM WITH ANOTHER TENANT

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20	28	12		20	2	20				20

First Harmful Event of Entire Crash that Results in First Injury or Damage.
20**COLLISION WITH FIXED OBJECT**

- | | |
|---|---------------------------|
| 1. Bank Or Ledge | 10. Other |
| 2. Trees | 11. Jersey Wall |
| 3. Utility Pole | 12. Building/Structure |
| 4. Fence Or Post | 13. Curb |
| 5. Guard Rail | 14. Ditch |
| 6. Parked Vehicle | 15. Other Fixed Object |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal | 17. Traffic Sign Support |
| 9. Impact Cushioning Device | 18. Mailbox |

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- | | |
|--------------------------------|----------------------------|
| 19. Pedestrian | 24. Work Zone |
| 20. Motor Vehicle In Transport | 25. Other Movable Object |
| 21. Train | 26. Unknown Movable Object |
| 22. Bicycle | 27. Other |
| 23. Animal | |

NON-COLLISION

- | | |
|-------------------------|-----------------------------------|
| 28. Ran Off Road | 35. Cross Median |
| 29. Jack Knife | 36. Cross Centerline |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway | 38. Immersion |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle |
| 33. Explosion or Fire | 40. Thrown or Falling Object |
| 34. Separation of Units | 41. Non-Collision Unknown |
| | 42. Other Non-Collision |

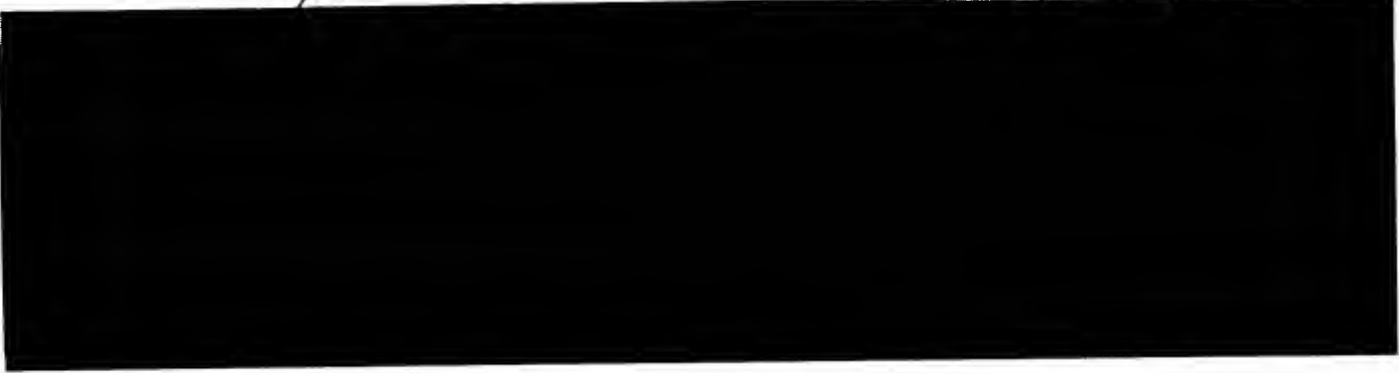


Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040



STATEMENT:

I was across the street when I heard a smash
and screeching of tires. Then I saw the white
jeep loose control and crash in to the house.

Con't On Page 27

☐ YES ☒ NO



Date

10/26/17

Reporting Officer (Print)

K. Ames

Officer Signature / Admin No.

K Ames

1013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040

STATEMENT:

I was stopped at a light at Wakefield and
Old Dominion. A white jeep was heading
eastbound, Sverdrup, crossed the middle and
hit a building at 9603 Old Dominion Dr

Con. 1 On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K. Ames

Officer Signature / Admin No.

K Ames 1013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040

STATEMENT:

Traffic was at a stop at the red light at Wakefield St and
LEE Highway. The white Jeep was driving in the right lane.
veered off into the left lane hitting the stopped BMW driving
over top of the front hood. Crossed two lanes of oncoming
traffic. Crashing sideways into the houses garage across
the street.

Con 1 On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K Amos

Officer Signature / Admin No.

K Amos

1013

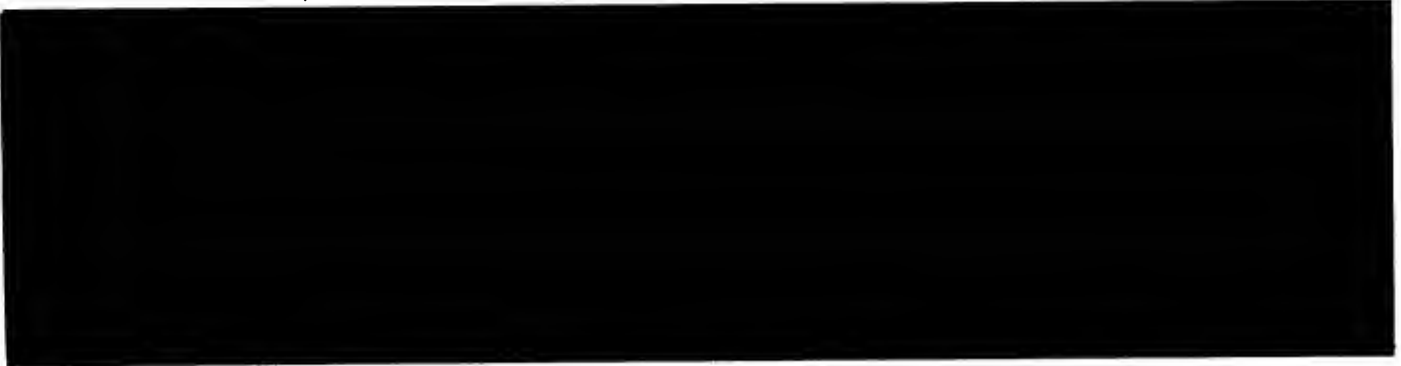


Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040



STATEMENT:

I was driving on the highway. I
checked on a park at a bar/restaurant
and thought twice and then the
next thing I realized was that
my truck was sitting on the
side

Con't On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K. Ames

Officer Signature / Admin No.

K. Ames 1013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #:

2013-10200046

STATEMENT:

I was traveling N. on Leo Hwy. He passed
into me on my way to work.

Con't On Page 27

☐ YES ☒ NO

Date

10/26/13

Reporting Officer (Print)

E. Amei

Officer Signature / Admin No.

E. Amei, 11013